

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101362429

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	3		1			
5	2		1			
6	2		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	2		1			
13	2		1			
14	2		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	2		1			
21	1		1			
22	1		1			
23	2		1			
24	2		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	2		1			
31	2		1			
32	2		1			
33	1		1			
34	3		1			
35	3		1			
36	3		1			
37	2		1			
38	2		1			
39	3		1			
40	3		1			
41	3		1			
42						
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46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			26			
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						